

## THE INDUSTRIAL COMMISSION OF UTAH

350 EAST 500 SOUTH  
SALT LAKE CITY, UTAH 84111

## MEDICAL REPORT

FORWARD IMMEDIATELY AFTER FIRST SEEING PATIENT

Name of Employer

Park City Ventures

(IMPORTANT: ASCERTAIN OPERATING TITLE OF COMPANY—NOT NAME OF FOREMAN, ETC.)

Address of Employer

Park City, Utah

Employer's Workmens Compensation Insurance Carrier

State Insurance Fund

Name of Injured

Thomas Doms

Phone No.

654-0488-

Residence Address

150 North 4th West

S. S. Number

528-22-1686

Give Date and Hour of Injury

6/5/75

19

7:30<sup>A</sup>

M.

Age 50

Sex

M

Date Injured Had to Leave Work

DIDNT LEAVE WORK (6-9-75)

19

M.

1. Statement of patient as to how injury was sustained.

PT ON CASE GOING DOWN WHEN WATER SPLASHED IN (L) EYE

2. Give nature and extent of injuries. Patient must be thoroughly examined for all possible injuries due to the accident, and this first report must be complete in detail. (If additional space is needed, use reverse side.)

PURULENT CONJUNCTIVITIS (L EYE)  
(PALPEBRAL + BULBAR PORTIONS)  
Pterygium also presentAdded by  
Dr Green 7-1-75

3. In your opinion, is present trouble due to any pre-existing condition? If so, what?

No.

4. When will employee be able to return to work?

1 WEEK.

5. Will any permanent injury or deformity result? If so, to what extent?

TO BE DETERMINED.

6. Give names of all physicians or surgeons who have examined patient for present injury.

R. Raymond Green, M.D.

HYMAN MILLER

7. Name of hospital.  
Date hospitalized.

None

Section 35-1-98, Utah Code Annotated, as amended, provides that any physician or surgeon who refuses or neglects to make any report at any time required by the Commission is guilty of a misdemeanor, and shall be punished by a fine of not more than \$500.00 for such offense. Rule 1 of the Medical and Surgical Fee Schedule requires this "Medical Report" to be mailed to the Commission within one week after first attendance. Rule 10 requires written consent from the Commission before an injured employee can change doctors. The attending Physician must not express an opinion as to whether or not the injury is Industrial unless requested by the Commission.

Date First Examined Patient

6/9 1975

Signed:

R. Raymond Green, M.D. Surgeon

Date of This Report

6/9 6-12 1975

Address: Street

45 South Main St.

Heber, Utah 84032



6/10/75 - Followup exam.

6/12/75 - Improving R eye - Continue Opthal treatment  
Return in AM - Vision intact; Cornea ok.

6-13-75 Condenses to improve Contact medication  
Return on Monday - if not fully healed - may need ophth  
Consult

6-16-75 Improved — 77D. 6-17-75

6-17-75 Final Report sent to State \$30.00

6-21-75 Eyes R  $\frac{20}{100}$  L  $\frac{20}{30}$  Plan Referral to Dr. Petty  
Appoint. for July 26, 1975 at 10:15 a.m.

# REQUEST FOR MYCOBACTERIA EXAMINATION

Complete One Form for Each Specimen

Date Received

FEB. 26 1981

Lab No.

811459

Patient's Last Name Davis First Tom Middle SS Age (3-4) Sex (5)

Address (Street) City County ☐ ☐ (6-7) State

- (17) ☐ Case (18) ☐ Under Treatment  
(19) ☐ Contact

## Type of Specimen:

- Sputum: (22) ☐ Gastric  
(20) ☐ Natural (23) ☐ Urine  
(21) ☐ Nebulized (24) ☐ Spinal Fluid  
(25) ☐ Pleural  
☐ Culture (Source) ☐ (26)  
(27) ☐ Other \_\_\_\_\_

Return Address

Physician (Full Name) R. Raymond Green ☐ ☐ ☐ (8-11)

Clinic/Hospital 45 S Main ☐ ☐ ☐ (12-14)

Street Address (Complete) Heber City Utah

City County ☐ ☐ State Zip

Physician's Telephone: \_\_\_\_\_

## Microscopic Examination

Date Reported: 2-27-81

- (28) ☒ No Acid Fast Bacilli Found  
(29) ☐ Acid Fast Bacilli Present  
(30) ☐ Rare  
(31) ☐ Few  
(32) ☐ Numerous  
(33) ☐ Suspicious Smear, Please Send Another Specimen  
(34) ☐ Unsatisfactory Specimen:  
(35) ☐ Leaked in Transit  
(36) ☐ Insufficient Amount  
(37) ☐ Contaminated

## Culture Report

- ☐ Preliminary Report  
Date: \_\_\_\_\_

- ☐ Acid Fast Bacilli Found and Identification Pending

☐ Final Report

Date: \_\_\_\_\_

- (38) ☐ No Acid Fast Bacilli Present  
(39) ☐ Culture Contaminated  
☐ Positive for

- (40) ☐ *M. tuberculosis* in:  
(41) ☐ High Numbers  
(42) ☐ Moderate Numbers  
(43) ☐ Low Numbers  
☐ Other \_\_\_\_\_ ☐ ☐ (44-45)

Utah State Division of Health  
Bureau of Laboratories  
44 Medical Drive  
Salt Lake City, Utah 84113



\*4-9-25

DATE			SUBSEQUENT VISITS AND FINDINGS
MO.	DAY	YR.	
1	17	76	Croup Pen + Steam -
1	18	76	Pen
1	19	76	" & still has croup -
1	20	76	
2	7	77	Infected urine & hurts over kidneys Rx: Dyo Gantanol -
2	10	77	Pen x 2
2	11	77	Pen
2	19	77	leg pain
2	22	77	Ⓢ knee swollen 3/4" ankle better
2	26	77	Ⓢ " " less now
4	29	80	croup Rx: Chest X-Ray Rx: Pen x 1 each x 3
5	1	80	"
5	7	80	" last
9	18	80	croup Rx: Pen
9	19	80	Pen x 2 today
9	20	80	Pen 770/ 22 Sep
10	30	80	croup again - X-Ray Chest - Lincoadin + steam
10	31	80	
11	1	80	" BP 150/82 Rx: Reserpine
12	22	80	croup - Rx: Pen x 2
12	23	80	Pen x 2 + IPPB
2	24	81	coughing blood due to recent infect Rx: Stop Smoking - Chest X-Ray - 3 sputum for TBC Tine test - neg - <u>Plan Refer to Chest Clinic in SL.</u>
2	26	81	OK up Mupstelin F.
5	19	81	Diagn of cardiac arrest & Opneumonia & COPD -

Dyspnea



CASE NO.

50 No. 4th West

PATIENT'S NAME

Davis, Thomas

X 7 Apr 19

SUBSEQUENT VISITS AND FINDINGS

Heber 7th  
Thomas & Dora  
Esther MainDATE  
MO. DAY YR.

11 30 71

Pen for croup

12 2 71

Pen for croup

12 3 71

Pen for croup

8 3 72

Redressed bad finger

cut finger July 30

Laceration. 4 day

8 14 72

Redress &amp; stitches out

8 17 72

Redress

9 1 72

Redress healing slowly

~~3 11 74~~

4 12 74

Park City Ventures Exam

4 30 74

24 5'6" &amp; WT 168

Tune Hog

R20/50

L20/30

Chest x-ray some silica

2 20 75

Pen for croup

2 21 75

Pen for croup

2 22 75

Pen for croup

5 19 75

Mycophenolate mofetil

rash involve face neck

of 4 days duration - no allergic Hx - review of

new Shering Corp. desferal after shave - negative

No allergy - Probably Contact dermatitis

C med 2 infection - Film - Betadine ointment

Steroid ointment. Return Friday.

6 9 75

Rash some cleared purely result of

Now has 4 day Hx of itching &amp; drooping

D eye following water splash in eyes on

the eye on Tuesday. Post Hx dry eye

C &amp; vision - no vision problem D eye

PE - PERIORBITAL edema - vision D eye

corneal scar D eye - D eye - severe

ultra-violet &amp; palpebral conjunctivitis C med

gentamicin. Vision intact. No scleral pain

Concor - ul. Film - Boston Ophthalm

Ointment - Apply bid - wash - Return

in AM to schedule

Drops - Punctal Occluders

6 10 75

Some improvement - vision OK (D eye - no pain)

Eye difficult to visualize. Will see again

on Tuesday AM or PM

6 12 75

D eye improving - still inflamed - Continue ophthalm

Ointment - Return in AM

HISTACOUNT®

FORM NO. 1592

HISTACOUNT CORPORATION, MELVILLE, L. I., N. Y.

CASE NO.

PATIENT'S NAME

WM. J. MORGINSON, M.D.  
ROBERT G. WILSON, M.D.

714 MEDICAL ARTS BUILDING  
SALT LAKE CITY, UTAH 84111

DERMATOLOGY

March 24, 1969

Dr. Raymond Green  
Heber, Utah

Dear Doctor Green:

Thank you for the privilege of seeing Alan Davis when he was in the office on March 22, concerning severe acne vulgaris involving his face.

Alan's management will consist of washing with Dial Soap, cleansing with Seba-Nil Astrigent losion (Texas) and applying Komid Lotion (Dermik) at night. Sumycin Tetracycline .250 gms tid two weeks then bid was prescribed.

Kind regards,

  
Wm. J. Morginson, M.D.

WJM:jn

T. RAY BROADBENT, M. D.

ROBERT M. WOOLF, M. D.

PLASTIC AND RECONSTRUCTIVE SURGERY  
508 EAST SOUTH TEMPLE  
SALT LAKE CITY, UTAH 84102  
TELEPHONE 322-1096

August 20, 1968

R. Raymond Green, M. D.  
Heber Hospital  
Heber City, Utah 84032

Re: Alan T. Davis

Dear Ray:

Alan Davis was seen in the office today for evaluation of his nasal deformity resulting from a recent fight. He has a shift of nasal profile to the left side with a similar shift of the septum and it would be worthwhile to straighten up the nose at the same time that the septum was corrected. We have made arrangements for this to be done during the Christmas vacation time which will best suit his school program.

Thank you very kindly for having us see this patient with you.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Bob", written in dark ink.

Robert M. Woolf, M. D.

RMW/bjc



10. ... 1995 ...  
11. ... 1996 ...  
12. ... 1997 ...

1950 1951

1. The first group of people who were involved in the  
 2.

Shoreland and son, 1141 1/2 rd. N. 10th St. Seattle  
Wash. 98107

[illegible]

00000000



UNITED PARK CITY MINES CO.  
PARK UTAH CONSOLIDATED MINES CO.

**SURGEON'S REPORT OF EXAMINATION**

Thos G. Davis Date 5 February 1969  
Name of Applicant Thomas R. Davis Esther Mair  
Age 43 Height 5'8" Weight 165 DO Donna Snyder Sick Key Thacker  
Occupation Miner at United Park City Mines  
SKIN: (Luetic scars, needle marks, tatoo marks) ✓  
HEAD: Head ✓ Mouth and Tongue ✓  
Teeth ✓ Nose ✓  
Tonsils ✓ Thyroid ✓  
Cervical Glands ✓  
Eyes (Reflexes, Size and Irregularity of Pupils) normal response  
Ears normal hearing  
CHEST: Cardio-Vascular System normal  
Character and Rate of Pulse 128  
Blood Pressure, Systolic 128 Diastolic 80  
Lungs clear to bases Silicosis none by X-Ray  
ABDOMEN: Any evidence of Hernia. ok  
State condition of inguinal and femoral canals and umbilical ring ok  
Any evidence of disease of viscera ok  
SPINE: Note any evidence of disease or deformity none  
GENITO-URINARY: Any evidence or history of disease of kidneys or genitalia none  
Urinalysis: Sp. Gr. 1.018 Reac. acid Alb. neg. Sugar neg.  
RECTUM: Any evidence of disease of rectum no  
GLANDULAR SYSTEM: Any evidence or history of lues. none  
GENERAL NERVOUS SYSTEM: Any evidence or history of past or present disease of general nervous system (insanity, epilepsy, locomotor ataxia, paresis) none  
BLOOD: Wasserman ok  
EXTREMITIES: Hand and arms ok Feet and legs ok  
Joints ok  
If loss of members or ankylosis, describe ok  
Varicose ulcers or scars ok  
Varicose veins ok  
Have you had previous injury or disease? no  
Heber City, Utah 5 February 1969  
Place and Date of Examination  
Applicant's Signature Thomas R. Davis  
(To be written in presence of Examining Surgeon)

Raymond Greenfield  
Examining Surgeon

# REQUEST FOR MYCOBACTERIA EXAMINATION

Date Received

Lab No.

FEB 25 1981

811490

Complete One Form for Each Specimen

Patient's Last Name Tom Davis First Tom Middle 55 Age(3-4) 35 Sex (5) M

Address (Street) \_\_\_\_\_ City \_\_\_\_\_ County      (6-7)      State     

- (17) ☐ Case (18) ☐ Under Treatment  
(19) ☐ Contact

## Type of Specimen:

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(20) ☒ Natural (23) ☐ Urine  
(21) ☐ Nebulized (24) ☐ Spinal Fluid

(25) ☐ Pleural

☐ Culture (Source) \_\_\_\_\_ (26) \_\_\_\_\_

(27) ☐ Other \_\_\_\_\_

Return Address

Physician (Full Name) RR Green MD 415 S Main (8-11)               Clinic/Hospital                (12-14)     Street Address (Complete) Heber City UtahCity      County      State      Zip     (15-16) 844032Physician's Telephone:     

## Microscopic Examination

Date Reported: FEB 25 1981

- (28) ☒ No Acid Fast Bacilli Found  
(29) ☐ Acid Fast Bacilli Present  
(30) ☐ Rare  
(31) ☐ Few  
(32) ☐ Numerous  
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☐ Other \_\_\_\_\_ (44-45) \_\_\_\_\_

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44 Medical Drive  
Salt Lake City, Utah 84113



# REQUEST FOR MYCOBACTERIA EXAMINATION

Date Received

FEB. 27 1981

Lab No.

Davis  
811504

Complete One Form for Each Specimen

 Patient's Last Name Davis First Tom Middle \_\_\_\_\_ Age(3-4) \_\_\_\_\_ Sex (5) \_\_\_\_\_

 Address (Street) \_\_\_\_\_ City \_\_\_\_\_ County      (6-7) State \_\_\_\_\_

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 (19) ☐ Contact

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☐ Culture (Source) \_\_\_\_\_ (26) \_\_\_\_\_  
 (27) ☐ Other \_\_\_\_\_

Return Address

 Physician (Full Name) R Green \_\_\_\_\_ (8-11) \_\_\_\_\_

 Clinic/Hospital 45 S Main \_\_\_\_\_ (12-14) \_\_\_\_\_

 Street Address (Complete) Heber \_\_\_\_\_  
 City \_\_\_\_\_ County Utah \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

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